| PATENT APPLICATION FEE DETERMINATION RECORD Effective December 8, 2004         |  |  |  |   |                        |                                    |           |   | Application or Docket Number |                            |                     |                        |
|--|--|--|--|---|------------------------|------------------------------------|-----------|---|------------------------------|----------------------------|---------------------|------------------------|
|  |  | CLAIMS A   | S FILED - P  | (Column 2)  |                        |                                    | SMALL ENT | TITY                                    | OR                           | OTHER THAN<br>SMALL ENTITY |                     |                        |
| U.S. NATIONAL STAGE FEES   |  |  |  |   | <u> </u>               |                                    | 1         | RATE                                    | FEE                          |                            | RATE                | FEE                    |
| BASIC FEE  |  |  | SMALL ENT. = \$ 150  |   | LARG                   | SE ENT. = \$ 300                   | 1         | BASIC FEE                               |                              | OR                         | BASIC FEE           | 3/1                    |
| EXAMINATION FEE  |  |  |  | atisfies PCT Article 33(1)-<br>(4) = \$ 50 / \$ 100 |                        | her situations = 100 / \$ 200      | 1         | EXAM. FEE                               |                              |                            | EXAM. FEE           | 20                     |
| SEARCH FEE   |  |  | U.S. is ISA = \$50 / \$100<br>ALL other countries =<br>\$200 / \$400 |   |                        | her situations = 250 / \$ 500      |           | SEARCH FEE                              |                              |                            | SEARCH FEE          | 400                    |
| FEE FOR EXTRA SPEC. PGS.   |  |  | minus 100 =  |   |                        | / 50 <del>=</del>                  |           | X \$ 125 =                              |                              |                            | X \$ 250 =          |                        |
| TOTAL CHARGEABLE CLAIMS  |  |  | minus 20 =   |   | *                      |                                    |           | X \$ 25 =                               |                              | OR                         | X \$ 50 =           |                        |
| INDEPENDENT CLAIMS   |  |  | / mir  | nus 3 =   | *                      |                                    |           | X \$ 100 =                              |                              | OR                         | X \$ 200 =          |                        |
| MUL  | TIPLE DEPEN                                    | DENT CLAIM PRI   | ESENT  |   |                        |                                    |           | + \$ 180 =                              |                              | OR                         | + \$ 360 =          | 20                     |
| * If the difference in column 1 is less than zero, enter "0" in column 2 TOTAL |  |  |  |   |                        |                                    |           |   |                              | OR                         | TOTAL               | 4///                   |
| CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3)                   |  |  |  |   |                        |                                    |           | OTHER THAN SMALL ENTITY OR SMALL ENTITY |                              |                            |                     |                        |
| AMENDMENT A  |  | CLAIMS REMAINING AFTER AMENDMENT   |  | HIGH<br>NUM<br>PREVIO<br>PAID                       | BER<br>OUSLY           | PRESENT<br>EXTRA                   |           | RATE                                    | TIONAL<br>FEE                | ;                          | RATE                | ADDI-<br>TIONAL<br>FEE |
|  | Total  | *  | Minus .  | **  |                        | =                                  |           | X \$ 25 =                               |                              | OR                         | X \$ 50 =           |                        |
|  | Independent                                    | *  | Minus  | ***   |                        | =                                  |           | X \$ 100 =                              | -                            | OR.                        | X \$ 200 =          |                        |
|  | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |  |  |   |                        |                                    |           | + \$ 180 =                              |                              | OR                         | + \$ 360 =          |                        |
|  |  |  | <del></del>  |   |                        |                                    | •         | TOTAL ADDIT.<br>FEE                     |                              | OR                         | TOTAL ADDIT.<br>FEE |                        |
|  |  | (Column 1)   |  | (Colu   |                        | (Column 3)                         | _         | <u></u>                                 |                              | •                          |                     |                        |
| AMENDMENT B  |  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT  |  | HIGH<br>NUM<br>PREVIO<br>PAID                       | BER<br>DUSLY           | PRESENT<br>EXTRA                   |           | RATE                                    | ADDI-<br>TIONAL<br>FEE       |                            | RATE                | ADDI-<br>TIONAL<br>FEE |
|  | Total  | *  | Minus  | **  |                        | =                                  |           | X \$ 25 =                               |                              | OR                         | X \$ 50 =           |                        |
|  | Independent                                    | *  | Minus  | ***   |                        | =                                  |           | X \$ 100 =                              |                              | OR                         | X \$ 200 =          |                        |
|  | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |  |  |   |                        |                                    |           | + \$ 180 =                              |                              | OR                         | + \$ 360 =          |                        |
|  | l <u> </u>                                     |  |  |   |                        |                                    | -         | TOTAL ADDIT.<br>FEE                     |                              | OR                         | TOTAL ADDIT.<br>FEE |                        |
| *  | If the "Highest Nu                             | ımn 1 is less than th<br>ımber Previously Pa<br>ımber Previously Pa<br>mber Previously Pak | id For" IN THIS SPA  | ACE is les<br>ACE is les                            | s than '2<br>s than '3 | :0', enter "20".<br>1', enter "3". | e el los  |   | v la column 4                | ·                          |                     |                        |